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CONFIRMATION NO. 8216

Bib Data Sheet

SERIAL NUMBER 10/825,952	FILING OR 371(c) DATE 04/16/2004 RULE	CLASS 600	GROUP ART UNIT 3768	ATTORNEY DOCKET NO. END5311USNP
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**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 06/25/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 4	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				

**ADDRESS**

27777

**TITLE**

MEDICAL SYSTEM HAVING MULTIPLE ULTRASOUND TRANSDUCERS OR AN ULTRASOUND TRANSDUCER AND AN RF ELECTRODE

FILING FEE RECEIVED 1796	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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